

Service belonging to (i) Teaching (ii) Non-Teaching and (iii) Public Health sub-cadres has been enhanced from 60 years to 62 years.

(c) A Task Group constituted under the National Rural Health Mission under the Chairmanship of Director General of Health Services has recommended the following measures to ensure the services of doctors in rural areas:

- Increase in the age of retirement of doctors to 65 years preferably with posting near hometown;
- Decentralization of recruitment at district level;
- Walk-in-interview and contractual appointment of doctors;
- Enhancing the salary for posting in rural areas by one-third;
- Increasing the admission capacity in medical colleges for Anesthesia;
- Reviving the Diploma Course in Anesthesia;
- To start one year Certificate Course in Anesthesia for Medical Officers working in the system at present to be given by National Board of Examination;
- Recognition of five hundred bedded Hospitals to provide the facility for conducting the above course;
- Hiring of private practitioners on case-to-case basis.

Also, contractual appointment of doctors/specialists are being done by States/UTs under NRHM.

#### **GDP Spending on health by private sector**

†1137. SHRI RAJ MOHINDER SINGH MAJITHA:  
SHRI RAVI SHANKAR PRASAD:  
SHRI RAM JETHMALANI:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that expenditure is being incurred on health system in public and private sector;

(b) if so, the average annual expenditure, in percentage of Gross

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†Original notice of the question was received in Hindi.

Domestic Product (GDP) terms being incurred in private and public sector respectively;

(c) whether it is also a fact that Government have fixed a target to increase the said expenditure;

(d) if so, the details of the target and the time-schedule fixed for achieving the same; and

(e) whether it is also a fact that Government spent 1.3% of GDP on health system in 1990 in the country?.

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) Yes, The total expenditure on Health both in public and private sector as percentage of Gross Domestic Product (GDP) as per World Health Report, 2006 for the year 2003 is 4.8.

(c) and (d) Yes, Under the National Common Minimum Programme (NCMP), the Government intends to raise public spending on health to at least 2-3% of GDP over the next five years with focus on primary health care.

(e) Yes.

### **Budget allocation to control Maternal Mortality Rate**

1138. SHRI JANARDHANA POOJARY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Maternal Mortality rate is quite high in India;

(b) if so, the details of programmes and schemes being implemented and financial allocations made therefor and amount spent for bringing down this figure during the last three years; year-wise and State-wise;

(c) whether much progress has not been achieved in bringing the maternal mortality rate; and

(d) if so, what measures are contemplated to improve the situation?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (d) According to the official estimates of the Registrar General of India (RGI) the Maternal Mortality Ratio has declined from 407 per 100,000 live births (1998) to 301